(c) National Leprosy Eradication Programme (NLEP) is a 100% Centrally sponsored scheme with the objective of achieving elimination of leprosy *i.e.* Prevalence of less than 1 case per 10,000 population at National Level by the end of the year 2004-05.

The measures adopted under the Programme are :

(i) Decentralization & Institutional Development under which State Leprosy Societies have been formed in 27 major States and District Leprosy Societies in all the districts in the country.
(ii) Integration of leprosy services with General Health Care system in the country.
(iii) Two rounds of Modified Leprosy Elimination Campaigns for case detection throughout the country during 2001-02 and 2002-03.
(iv) Early Leprosy Case Detection and Free Multi Drug Therapy to all patients through all Government Primary Health Centres, dispensaries and Hospitals in the country.
(v) Special Action Projects for Elimination of Leprosy (SAPEL) and Leprosy Elimination Campaign (LEC) for difficult/inaccessible/ under served Rural & Urban areas, respectively.
(vi) Intensified Public Awareness Campaigns.
(vii) Training of health staff in disability prevention and care.
(viii) Training of General Health Care Staff in Leprosy.

Lack of basic facilities in health care centres in Orissa

557. SHRI RAMACHANDRA KHUNTIA:
SHRI B.J. PANDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the health care centres in rural areas in Orissa lack basic facilities for patients and the cash-starved State finds it difficult to improve these services in these areas, as reported in the New Indian Express, Bhubaneswar, dated the 22nd November, 2002;

(b) if so, the help rendered by Government to the State to overcome this handicap;

(c) whether State Government has approached the Government for adequate grants for the purpose; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) Yes, Sir. The Central Government provides financial, technical and commodity assistance for strengthening the delivery of health care services under the National Health Programmes, such as:

* repair/construction of Operation Theatre/Labour Room in Community Health Centres;
* provision of equipments/medicines for treatment of T.B., Leprosy and Family Welfare Programmes etc.;
* contractual appointments/hiring of Anesthetists/Gynaecologists/ Safe Motherhood Consultant/Staff Nurses and other para-medical staff.
* Skill based in-service training for capacity building of ANMs and other health functionaries.

Continuous efforts are also made to increase the outreach of health care services through Swasthya Melas and Reproductive and Child Health Camps etc.

Under the various schemes indicated above, Government of Orissa has been provided financial assistance as under :—

	Schemes	Amount in crores
1.	Rennovation and Repairs of Health facilities	5.18(2000-01)
2.	Strengthening funds under PMGY	25.82(2000-02)
3.	UNFPA Project in 4 districts for drugs, equipments etc.	25.20(1999-03)
4.	DFID (U.K.) assistance	8.08(20002-04)
5.	World Bank Project for strengthening 71 hospitals and 85 CHCs.	415.57(1998-2003)
6.	RCH Programme in Kalahandi district	15.00(1992-2003)

	Schemes	Amount in crores
7.	Annual Maintenance of 5927 Sub-centres	105.89 (2002-03) [3 instalments of Rs. 13.42 crores each plus past arrears of Rs. 64.07 crore released this year]
8.	European Commission assisted Health and Family Welfare Sector Investment Programme (SIP).	4.52 (1999-2003)

Evening OPD in the Central Government hospitals

558. SHRI RAVULA CHANDRA SEKAR REDDY:
SHRI R.P. GOENKA:
SHRI RUMANDLA RAAMACHANDRAYYA:
SHRI MANOJ BHATTACHARYA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that recently evening OPD have been introduced in Central Government run hospitals in Delhi and Chandigarh;

(b) whether it is also a fact that doctors at some leading hospitals in Delhi and Chandigarh have boycotted the decision pleading severe shortage of support staff in the already over-strained OPD;

(c) the steps taken to meet the genuine requirements for the support staff and also to provide for other needs of the hospitals so as to make the evening OPD equally effective and successful; and

(d) the present status of implementation of the scheme in various hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir. Evening OPD has started functioning from 9.1.2003 on a pilot basis in 4 major Central Governemnt Hospitals in Delhi. *viz.* All India Institute of Medical Sciences, Dr. R.M.L. Hospital, Lady Hardinge Medical College & its associated Hospitals and Safdarjung Hospital and in the Post Graduate Institute of Medical Education and Research, Chandigarh from 2.12.2002.